

EXPEDITED CHILD SUPPORT PROCESS MOTION TO MODIFY SUPPORT

HELP IN FILLING OUT THIS FORM IS AVAILABLE IN ROOM 172 AT THE FAMILY JUSTICE CENTER, 110 SOUTH FOURTH ST., MINNEAPOLIS, MN. MEETINGS BEGIN AT 10 A.M. ON MONDAYS, WEDNESDAYS, AND FRIDAYS (EXCEPT HOLIDAYS) AND SHOULD LAST ONE HOUR. BRING YOUR PHOTO ID, A COPY OF THE CURRENT CHILD SUPPORT ORDER YOU WANT TO CHANGE, COPIES OF DOCUMENTS THAT SHOW YOUR CURRENT INCOME AND EXPENSES, TWO STAMPS, AND CHANGE FOR THE PHOTOCOPY MACHINE. ALSO, BRING THE ADDRESS OF THE OTHER PARTY (USUALLY THE OTHER PARENT).

YOU CAN USE THIS PACKET OF FORMS ONLY IF:

- (1) There is already an existing court order setting or reserving support;
- (2) You are asking the court to change child support, medical support, and/or child care, **and**
- (3) You and/or the other party receive public assistance or child support services from the county.

**You cannot use this form to change spousal maintenance,
parenting time, (visitation) or custody**

- Court personnel, the county attorney's office, and the child support office **cannot** help you fill out these forms.
- Speak with a lawyer if you do not know how to answer the questions on these forms.
- You **must** fill out all three forms included with this packet and you **must** follow the instructions included with this packet.
- Type your answers or print neatly using dark ink.

GENERAL INFORMATION

When filling out the forms be as accurate and as detailed as possible. The hearing will be held before a child support magistrate or a district court judge. A court order for support may be changed by showing that the current support order is unreasonable and unfair because of:

- Substantial increase / decrease in earnings;
- Substantial increase / decrease in need of a party or the child(ren) involved in this court order;
- Receipt of public assistance;
- Receipt of disability payments for you or the child(ren) involved in this court order;
- A change in the cost of living for either party as measured by the Federal Bureau of Labor Statistics;
- A change in the availability or cost of medical and/or dental insurance coverage or expenses of the child(ren) involved in this court order;
- A change in work-related or education-related child care expenses for the child(ren) involved in this court order;
- A child has emancipated. Emancipation may occur by attaining the age of 18, graduating from high school, or joining the military;
- A change in the residence of the child(ren).

If you are now ordered to pay child support and are requesting support to be modified because the child(ren) is/are living with you, you must provide proof. Examples of things that you can file with the court as proof are:

- A signed and notarized statement from the other party stating the child(ren) has changed residence
- School records
- Day care records or medical records

INSTRUCTIONS

STEP 1

FILL OUT THE "NOTICE OF MOTION AND MOTION TO MODIFY CHILD SUPPORT" FORM

STEP 1a: The information to fill in the boxes and blanks at the top of the form can be found at the top of your current child support order or your divorce or paternity decree, including:

- The county where your case is located (which may be different from the county where you live).
- The number of the judicial district.
- The court file number.
- The name of the Petitioner/Plaintiff.
- The name of the Respondent/Defendant.

If you are the Petitioner/Plaintiff in the current order or decree you will be the Petitioner/Plaintiff in this motion. If you are the Respondent/Defendant in the current order or decree you will be the Respondent/Defendant in this motion.

STEP 1b: In the area marked "Motion", check off only the boxes that list the changes you are asking the court to make -- you do not need to check off every box. **You may check off as many changes as you wish, but it will be up to the court to decide what changes will actually be ordered.**

STEP 1c: Fill in the name and phone number of the person to contact to settle this matter.

STEP 2

FILL OUT THE "AFFIDAVIT IN SUPPORT OF MOTION TO MODIFY CHILD SUPPORT" FORM

STEP 2a: Fill in the top of the form the same way you did on your "Notice of Motion and Motion" form in Step 1a above.

STEP 2b: Fill in the answers to questions 1 through 14 on the "Affidavit in Support of Motion". If a question does not apply to you, then answer "does not apply."

STEP 2c: Attach the following to the "Affidavit in Support of Motion" form:

- Proof of your income (for example, copies of your most recent paycheck stubs or W-2 forms, or business income and business expenses if you are self employed)
- Proof of your expenses, if they are the reason you are asking for the child support order to be changed
- Proof of unemployment/disability (lay-off notice, doctor's statement, etc.)

- Verification for status of unemployment compensation claim or worker's compensation claim
- Verification of receipt and amount of social security income
- Verification of child care expenses
- Verification of the cost of medical and/or dental insurance coverage
- Copies of your tax returns for the most recent year. Place all copies of tax returns in an envelope in order to keep this information private. You **must** print on the outside of the envelope "CONFIDENTIAL TAX RETURN OF _____ FOR YEAR(S) _____."

NOTE! To protect your privacy, the other parties, and your child(ren), all social security numbers listed on papers you file with the court must be blackened out (crossed out) completely. Failure to do this means your social security number could be available to the general public and you could be charged court costs for the failure to keep your and the other party's social security number private.

STEP 2d: ONLY DATE AND SIGN YOUR "AFFIDAVIT IN SUPPORT OF MOTION" WHEN YOU ARE IN FRONT OF A NOTARY PUBLIC OR THE COURT CLERK. MAKE SURE TO BRING PICTURE IDENTIFICATION TO SHOW TO THE NOTARY PUBLIC OR CLERK. A Notary Public can usually be found at a bank and sometimes at the courthouse.

**STEP 3
OBTAIN A HEARING DATE, TIME, AND LOCATION
FROM THE COUNTY COURT ADMINISTRATOR**

STEP 3a: Contact the Court Administrator's Office in the county where your case is located. Tell the Court Administrator that you will be filing a motion for modification of child support in the Expedited Child Support Process and need a date, time, room number, and address for a hearing. The hearing date must be at least 23 days away from the date the documents are mailed to the other party and the county attorney's office. Count the day after it is mailed as Day 1.

STEP 3b: Using the information you received from the Court Administrator, fill in the date, time, and location of the hearing on the "Notice of Motion and Motion" form.

**STEP 4
MAKE COPIES OF FORMS**

Step 4a: After the forms are completely filled out, make three copies of the "Notice of Motion and Motion" form and three copies of your "Affidavit in Support of Motion" form and three copies of all attachments (for example, paycheck stubs, tax returns, proof of expenses).

Step 4b: Keep one copy of each form and one copy of all attachments for yourself (make sure to bring your copies with you to court on the day of your hearing).

STEP 5
SERVE COPIES OF THE DOCUMENTS
ON THE OTHER PARTY AND COUNTY AGENCY

You must arrange for the other party and the county attorney's office to receive complete copies of all documents you have prepared for the hearing. This is called "service of process." A copy of the motion, affidavit, and any attachments must be served upon all parties, either personally or by mail. Personal service means the documents are hand delivered to the other party personally or leaving the documents at that party's place of residence with some person who is 18 years or older who also lives at the same residence. If a party is represented by an attorney, the documents must be served on the attorney instead of the party.

If using personal service, the documents must be hand delivered upon the other party (or his/her attorney if there is one) and the county attorney's office at least 20 days before the hearing date. If using mail service, the envelopes containing the documents must be mailed to the other party (or his/her attorney if there is one) and to the county attorney's office at least 23 days before the hearing date. **If your documents are not personally served upon the other party (or his/her attorney) and the county attorney's office at least 20 days before the hearing date, or mailed upon the other party (or his/her attorney) and the county attorney's office at least 23 days before the hearing date, your motion may not be heard by the court.**

NOTE! YOU CANNOT SERVE THE DOCUMENTS YOURSELF. YOU MUST HAVE SOMEONE ELSE OVER THE AGE OF 18 WHO IS NOT A PARTY TO THE CASE HAND DELIVER OR MAIL THE DOCUMENTS FOR YOU.

STEP 6
COMPLETE THE "AFFIDAVIT OF SERVICE" FORM

The person who hand delivers or mails the documents must fill out an "Affidavit of Service" form for each party served. You will need to make additional copies of the blank "Affidavit of Service" form.

NOTE! THE PERSON WHO HAND DELIVERS OR MAILES THE DOCUMENTS MUST SIGN THE "AFFIDAVIT OF SERVICE" IN FRONT OF A NOTARY PUBLIC OR THE COURT ADMINISTRATOR. MAKE SURE THE PERSON BRINGS PICTURE IDENTIFICATION TO SHOW TO THE NOTARY PUBLIC OR CLERK.

STEP 7
FILE THE FORMS WITH THE COURT ADMINISTRATOR
AND PAY ANY REQUIRED COURT FEE

The following **original documents** must be filed with the court administrator in the county where your case is located as soon as practical but no later than 5 days before the scheduled hearing. **The court may cancel your hearing if you fail to file all documents five days before the hearing.**

- The original of the “Notice of Motion and Motion to Modify Child Support”.
- The original of the “Affidavit in Support of Motion to Modify Child Support”.
- The “Affidavit of Service”.

You must be prepared to pay any court fee, if applicable, at the time of filing (see below).

You must attach copies of all documents (such as paycheck stubs, tax returns, verification of medical/dental insurance costs or expenses, child care expenses, disability payments) to your “Affidavit in Support of Motion to Modify Child Support”. Be certain to blacken out all social security numbers that appear on any document you are attaching. Check your documents to make sure all blanks are filled in, especially on the Affidavit of Service and the motion. The documents served must be identical copies of the original documents filed with the court.

Court Fees

If you did not pay an initial filing fee when this case first began, you will now need to pay the filing fee. Even if you have paid the initial filing fee, you will be required to pay an additional \$20 modification fee to file this motion.

If you cannot afford to pay the fee, you may qualify to have the filing fee and motion fee waived by the court. You will need to fill out an In Forma Pauperis application (available from the Court Administrator) and file it with the Court Administrator. Your application will be reviewed by a child support magistrate or judge who will decide whether you must pay the fees. If the magistrate or judge does not sign an order that waives the fees, you must be prepared to pay the fee or the clerk cannot accept your forms.

STEP 8
APPEAR AT THE HEARING

Come to court on the date and time scheduled for the hearing. Be sure to bring with you your copy of the “Motion to Modify Child Support” and “Affidavit in Support of Motion to Modify Child Support” and all of your supporting papers. You must bring enough copies of any supporting papers not already filed with the court nor served on all the parties so that a copy can be given to all parties and the court if you want the court to consider your supporting papers.

State of Minnesota

County of Hennepin

District Court

Judicial District: Fourth

Court File Number:

Case Type:

☐ In Re the Marriage of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

**Notice of Motion and Motion
To Modify Child Support**

Notice

TO: Other Party:

First Middle Last

Street Address Apt. No.

City State Zip

County Attorney's Office:

**Hennepin County Economic Assistance
Collections Services Division
110 South Fourth Street – MC L890
Minneapolis, MN 55401-9079**

PLEASE TAKE NOTICE that the undersigned will bring a motion before the Honorable

_____, on _____
(Name of Child Support Magistrate, Judge or Referee) (Date: Month, Day, Year)

at _____ o'clock _____ at the Family Justice Center located at **110 South Fourth Street,**
(Time.) (a.m./p.m.)

first floor, in the city of Minneapolis, Minnesota, (check the public calendar at the hearing location for the room number), and will ask the court to modify the existing child support order as requested in the following motion.

**If you need an interpreter for
this hearing call 612-348-4946**

Motion

I request that the court modify the support order dated _____
(Date of existing support order)
by ordering the following (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Increasing child support | <input type="checkbox"/> Decreasing child support |
| <input type="checkbox"/> Increasing medical support | <input type="checkbox"/> Decreasing medical support |
| <input type="checkbox"/> Increasing child care support | <input type="checkbox"/> Decreasing child care support |
| <input type="checkbox"/> Increasing arrearage payment | <input type="checkbox"/> Decreasing arrearage payment |
| <input type="checkbox"/> Establishing medical support | <input type="checkbox"/> Establishing child care support |
| <input type="checkbox"/> Changing other medical terms (<i>describe</i>): _____ | |
| <input type="checkbox"/> Other (<i>describe</i>): _____ | |

The facts upon which I base my request are set forth in the attached Affidavit in Support of Motion to Modify Child Support.

Notice of Rights to Other Party

- You have a right to a hearing, if a hearing is not already scheduled.
- You have the right to object or respond to the changes I am requesting.
- You have 14 days from the date this motion is personally served or mailed to you to serve upon all parties a written response or counter motion objecting to the relief requested. A counter motion is where you can raise **new** child support issues, in addition to responding to the issues in this motion.
- If you decide to respond or object to this motion, a packet entitled "Response to Motion to Modify Child Support" is available from the court administrator.
- You must file a copy of your written response **at least 5 days before any scheduled hearing**. The court may, in its discretion, choose not to consider any documents you file with the court if they are not filed on time.

Settlement

This matter may be settled without a court hearing if all parties, including the county attorney, reach an agreement. To discuss a possible settlement, contact the following person at the phone number listed: _____ at

(Name of person to contact to discuss settlement)

() _____.

(Phone number of person to contact)

Acknowledgments by Party Making Motion:

- a. I am not serving or filing this document for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.
- b. The claims, defenses, and other legal contentions therein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law.
- c. The allegations and other factual contentions have evidentiary support or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.
- d. The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on a lack of information or belief.
- e. The court may impose an appropriate sanction upon the attorneys, law firms, or parties that violate the above stated representations to the court, or are responsible for the violation.
- f. I understand that the existing order remains in full force and effect and I must continue to comply with that order until a new order is issued.

Dated: _____

Signature

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

Attorney for: _____

State of Minnesota

County of Hennepin

District Court

Judicial District: Fourth

Court File Number:

Case Type:

☐ In Re the Marriage of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit Signed)

**Affidavit in Support of Motion
to Modify Child Support**

My name is _____. I am the
(*check one*) ☐ (Petitioner/Plaintiff) ☐ (Respondent/Defendant) in this case, and I state under
oath the following information:

Reasons Why the Existing Order Should Be Changed:

1. I request a change in the existing support order because of (*check all that apply*):
 - ☐ Substantially increased or decreased earnings of the (*check one*)
 - ☐ Obligea (*receiving payments*)
 - ☐ Obligor (*making payments*)
 - ☐ Substantially increased or decreased needs of the (*check at least one*)
 - ☐ child(ren)
 - ☐ Obligea
 - ☐ Obligor
 - ☐ Receipt of public assistance by the (*check one*) ☐ Obligea ☐ Obligor
 - ☐ A change in the cost-of-living for (*check one*) ☐ Obligea ☐ Obligor
 - ☐ Extraordinary medical and/or dental expenses of the child(ren).
 - ☐ A change in the availability of health or dental insurance coverage.
 - ☐ A substantial increase or decrease in existing work-related or education-related child care expenses of the (*check one*) ☐ Obligea ☐ Obligor
 - ☐ Receipt of social security benefits by the ☐ Obligea ☐ Obligor ☐ Child(ren)
 - ☐ A change in the residence of the child(ren)
 - ☐ Emancipation of a child (name of child): _____.

2. I make the following other comments in support of my request for a change to the existing support order:

Information From Existing Support Order:

3. I am the parent of the following children involved in this case (*list only children involved in this case, and for each child check if you are the obligee (receiving payments) or obligor (making payments)*):

Child's Name	Date of birth	Obligee / Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor
		<input type="checkbox"/> Obligee <input type="checkbox"/> Obligor

4. The existing child support order was issued by the court in _____ County and is dated _____. In that Order, I am the (*check one*)
☐ Obligor (*making payments*) ☐ Obligee (*receiving payments*)

5. At the time the existing order was issued, I was (*check one*):
☐ Unemployed.
☐ Employed at _____ (company or occupation) and earned \$_____ per ☐ hour ☐ week ☐ month with a monthly net income of \$_____ and had other monthly income totaling \$_____ from _____ (list all sources, such as employment, public assistance, social security, or other source).

6. At the time the existing order was issued, the child(ren) received monthly benefits in the amount of \$ _____ from _____
(list all sources such as social security benefits)

Current Information:

7. I am currently (*check one*) ☐ employed ☐ unemployed (*if employed, answer the following*):
- Employer: _____
 - Address: _____
 - Work telephone number: _____
 - Occupation: _____
 - Length of employment: _____
 - Supervisor: _____
 - Gross Pay: \$ _____ Net Pay: \$ _____
 - Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly

- i. Number of withholding exemptions: _____
 - j. Previously employed by _____
for _____ years prior to the above employment.
 - k. Cost of monthly medical insurance for self: \$ _____
 - l. Cost of monthly medical insurance for dependents: \$ _____
 - m. Cost of monthly dental insurance for self: \$ _____
 - n. Cost of monthly dental insurance for dependents: \$ _____
 - o. If insurance coverage is in place, list the names of who the insurance covers: _____

8. To the best of my knowledge, the other parent is currently:
(check one) ☐ employed ☐ unemployed (if employed, answer the following):
- a. Employer: _____
 - b. Address: _____
 - c. Work telephone number: _____
 - d. Occupation: _____
 - e. Length of employment: _____
 - f. Supervisor: _____
 - g. Gross Pay: \$ _____ Net Pay: \$ _____
 - h. Paid: ☐ Weekly ☐ Every other week ☐ Twice a month ☐ Monthly ☐ Unknown
 - i. Number of withholding exemptions: _____
 - j. Previously employed by _____
for _____ years prior to the above employment.
 - k. Cost of monthly medical insurance for self: \$ _____
 - l. Cost of monthly medical insurance for dependents: \$ _____
 - m. Cost of monthly dental insurance for self: \$ _____
 - n. Cost of monthly dental insurance for dependents: \$ _____
 - o. If insurance coverage is in place, list the names of who the insurance covers: _____

9. I have the following additional sources of income: (for example, public assistance, social security, Supplemental Security Income, pensions, Retirement and Survivors Disability Income, renters income, child support for other children):
- | | | |
|---------------|----------|-------|
| Source: _____ | \$ _____ | month |
| Source: _____ | \$ _____ | month |
| Source: _____ | \$ _____ | month |
10. The value of the property I currently own by myself or with someone else is:
- Home \$ _____
- Household goods \$ _____
- Purchase price of my home \$ _____
- Balanced owed on my home \$ _____
- Other real estate \$ _____
- Checking/savings \$ _____
- Automobiles \$ _____ (year and make) _____
- Recreational vehicles \$ _____ (year and make) _____
- Personal property \$ _____
- Stocks/bonds/etc. \$ _____

11. I am currently (*check all that apply*):
☐ Married ☐ Separated ☐ Divorced ☐ Living with a companion ☐ Single
 If married or living with a companion:
 a. Present spouse's name or companion's name: _____
 b. Present spouse's or companion's net monthly income: \$ _____
 (Note: Question 11(b) only needs to be answered by an obligor who has a duty to support subsequent children) (See Minn. Stat. § 518.551, subd. 5f(1)(i))

12. The following child(ren) either live in my home or I have a legal duty to support, but are not part of this support order or this motion:

Child's Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. My monthly expenses at the present time are as follows:

	Monthly Payment at Present Time
a. <input type="checkbox"/> House payment or <input type="checkbox"/> Rent	\$ _____
b. Real Estate Taxes, if not included in (a)	\$ _____
c. Association Dues or Lot Rent (for property)	\$ _____
d. Insurance:	
Homeowners, if not included in (a)	\$ _____
Car	\$ _____
Life	\$ _____
e. Utilities: (Average Monthly Amount)	
Gas	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water and garbage	\$ _____
Cable TV	\$ _____
f. Food	\$ _____
g. Clothing	\$ _____
h. Laundry/dry cleaning	\$ _____
i. Personal allowances and incidentals	\$ _____
j. Magazine and newspapers	\$ _____
k. Uninsured dental expenses	\$ _____
l. Uninsured medical expenses	\$ _____
m. Child care expenses	\$ _____
n. Transportation expenses:	
Car payment	\$ _____
License	\$ _____
Gasoline	\$ _____
Repairs	\$ _____
o. Recreation/Entertainment	\$ _____

- p. Child(ren)'s needs (sports/school/hobbies) \$ _____
 q. Allowances \$ _____
 r. Other (list) _____ \$ _____
 s. Charge accounts and loans (list):

Name of Account	Balance Owed
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

14. The following people help me pay my current monthly expenses listed in question 13.
☐ Spouse or Companion ☐ Roommate(s) ☐ Relatives ☐ Nobody

The information contained in this Affidavit is true and correct to the best of my knowledge.

Dated: _____

Signature (Sign only in presence of Notary or Court Deputy)

Print Name: _____

Sworn / affirmed before me this
 _____ day of _____, _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

 Notary Public/ Deputy Court Administrator

State of Minnesota**District Court**

County of Hennepin

Judicial District: Fourth

Court File Number: _____

Case Type: _____

☐ In Re the Marriage of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

STATE OF MINNESOTA)
 COUNTY OF _____) SS
 (County where Affidavit Signed)

I, _____, being duly sworn, upon oath, state that on
 (Name of person who served documents)

_____, I served the attached documents, namely _____
 (Date service made) (Title of documents hand delivered or mailed)

_____ upon (check one):

- ☐ Plaintiff / Petitioner (Name) _____
☐ Defendant / Respondent (Name) _____
☐ County Agency (Name) _____
☐ Other (Name) _____

by (check method of service used):

☐ Personally handing a true and correct copy of the document(s) to _____ named
 above at ____ o'clock ____ m. at _____
 (Address where documents delivered)

☐ Mailing a true and correct copy of the document(s) to _____ named above by
 placing the document(s) in an envelope with sufficient postage in the United States mail at the Post Office
 located in the City of _____, State of _____, at the
 person's last known address of: _____

Dated: _____

Sworn / affirmed before me this

_____ day of _____, _____

Notary Public/ Deputy Court Administrator

Signature (Sign only in presence of notary or Court Deputy)

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____